

GENERATOR PERMIT

Address: _____
Residential___ Commercial___ (check one)
Property owner: _____
Generator Manufacturer: _____ Generator Size: _____ kw
Type of Transfer Switch: Automatic___ Manual___ (check one)
(If automatic transfer switch, load breakdown required)
Fuel Type: Natural Gas___ Propane___ Diesel___ Other___ (check one)
Cooling System: Air Cooled___ Liquid Cooled___ (check one)

LOAD BREAKDOWN FOR RESIDENTIAL GENERATOR

Watts

Kitchen Appliances

Refrigerator.....
Freezer.....
Dish washer.....
Garbage disposal.....
Range.....
Microwave.....

Misc Loads

General Lighting.....
Kitchen Receptacles.....
Smoke/Carbon Monoxide/Fire alarm (required).....
Well pump.....
Sewer Ejector pump.....
Sump pump.....
Washer.....
Dryer.....
Other loads.....

Heating/Cooling

Central A/C.....
Room A/C.....
Furnace/Boiler.....
Water Heater.....
Elec. Heat.....

Total Watts _____ Total Generator Watts _____
Total Amps _____ Total Generator Amps _____

Prepared by _____ Date _____
Signature _____
Company Name _____
CT EI License No. _____

****ELECTRICIAN SHALL SCHEDULE FINAL INSPECTION & MEET
BUILDING OFFICIAL ON SITE.**